



National  
Aeronautics and  
Space  
Administration

# Overtime Authorization and Record

NAME (Last, First, Middle Initial)							FLSA STATUS <input type="checkbox"/> E <input type="checkbox"/> N	GRADE	CODE	DATE FROM TO		PAY PERIOD NUMBER	
DAY	TIME		COMP OR OVERTIME HOURS AUTHORIZED	OVERTIME HOURS WORKED	COMP HOURS WORKED	LOCATION (Bldg/Room)	EMPLOYEE INITIALS	JUSTIFICATION	1ST LEVEL SUPERVISOR SIGNATURE/DATE				
	IN	OUT											
SUN													
MON													
TUES													
WED													
THURS													
FRI													
SAT													
SUN													
MON													
TUES													
WED													
THURS													
FRI													
SAT													
PAY PERIOD TOTALS													
JUSTIFICATION FOR OVERTIME PAY TO FLSA EXEMPT EMPLOYEES								I CERTIFY THAT THE USE OF THIS OVERTIME AND/OR COMPENSATORY TIME COMPLIES WITH NMI 3530.3b AND HQMI 9620.1b AND THAT THE TIMES AND HOURS ENTERED ABOVE ARE CORRECT.					
								EMPLOYEE'S SIGNATURE					DATE
								2ND LEVEL SUPERVISOR'S APPROVAL					DATE